

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2602	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Samuel C D'Ambrosio P.O. Box, Bldg., Room No., if any Room # 500 Street 1101 Connecticut Avenue, NW City Washington State District of Columbia ZIP Code + 4 20036-4304	4. Name, file number, and address of labor organization. Name National Postal Mail Handler Union Labor Organization File Number 000-505 P.O. Box, Building and Room Number, if any Room # 500 Street 1101 Connecticut Avenue, NW City Washington State District of Columbia ZIP Code + 4 20036-4304
5. Position in labor organization. East Regional V.P., Nat'l Trainer,	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 5/7/06 202.833-9095 Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

OVER 1 BILLION

12.a. Nature of interest held or income received.

Feb. 3, 2005, dinner for self and spouse. \$50.00 to \$75.00 per person.

12.b. Amount.

\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Samuel D'Ambrosio	File Number U- 2602
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. First Health administers the Union sponsored health plan. 11.b. Approximate dollar value of such dealing. over \$1 Billion 12.a. Nature of interest held or income received. Feb. 16-19, 2005, for self & spouse: group activities total 200.00: meals total 500.00: gift-Coach picture frame estimated value 25.00 12.b. Amount. \$725

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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City Downers Grove

State Illinois ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

OVER \$1 BILLION

12.a. Nature of interest held or income received.

Mar. 4, dinner, \$75

12.b. Amount.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Samuel D'Ambrosio	File Number U- 2602
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>First Health</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>3200 Highland Avenue</u> City <u>Downers Grove</u> State <u>Illinois</u> ZIP Code + 4 <u>60515</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>First Health administers the Union sponsored health plan.</u> 11.b. Approximate dollar value of such dealing. <u>OVER \$1 BILLION</u> 12.a. Nature of interest held or income received. <u>April 1, refreshments, \$35.00</u> 12.b. Amount. <u>\$35</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

OVER 5/BILLION

12.a. Nature of interest held or income received.

April 1, refreshments, \$35.00

12.b. Amount.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

OVER 5 BILLION

12.a. Nature of interest held or income received.

Oct. 5, refreshments, self & spouse \$35-50

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

OVER 1 BILLION

12.a. Nature of interest held or income received.

Oct. 5-9 self & spouse: meals total \$1000.00
+ ENTERTAINMENT

12.b. Amount.

\$1,000

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

JEROME A. DIEKEMPER
CARY HAMMOND
RICHARD SHINNERS
JOHN A. TURCOTTE, JR.
JOSEPH W. LARREW
JANET E. YOUNG
GREG A. CAMPBELL
KARL SAUBER
ANN G. DALTON
JANINE M. MARTIN
KIMBERLY J. BETTISWORTH
SHERRIE A. SCHRODER
JAGADEESH B. MANDAVA
DARLENE WARNICK
JULIA R. ENGELHARDT
ZOFIA GARLICKA MASSIMINO
MARY V. KHOURI
BRIAN LOVE

**DIEKEMPER, HAMMOND,
SHINNERS, TURCOTTE AND LARREW, P.C.**
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7730 CARONDELET AVENUE
ST. LOUIS (CLAYTON), MISSOURI 63105



(314) 727-1015
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TOLL FREE 1-888-727-1015

May 3, 2006

Clint Zweifel
1960 Acorn Trail Dr.
Florissant, MO 63031

Dear Clint:

Enclosed please find your LM-30 report for FY 2005. I listed separately the contributions from our firm and from Spector & Wolfe, as well as the steaks you indicated you received from the latter. Although the individual value of the steaks was well under the \$250 threshold, because the aggregate value of items received from Spector & Wolfe exceeded that amount, they still must be listed individually.

Once you have reviewed the report and signed it, it should be mailed to:

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

Do not hesitate to call if you have any additional questions.

Very truly yours,

A handwritten signature in black ink, appearing to be "B. Love", written over the printed name "BRIAN LOVE".

BRIAN LOVE